

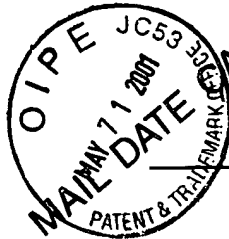


EL 816726441

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Practitioner's Docket N . SST/1061

PATENT



COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original, first and joint inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

STRAP TIE HOLDER

SPECIFICATION IDENTIFICATION

The specification was filed on October 27, 2000, as Serial No. 09/698,382.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, Section 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent.

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)	REGISTRATION NUMBER(S)
Charles R. Cypher	41694
James R. Cypher	22448

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

Charles R. Cypher
1-510-832-4111

Charles R. Cypher
405 14th Street, Suite 1607
Oakland, CA 94612-2777


Customer Number 498

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

William D. Georges

Inventor's signature 

Date 2/16/01

Country of Citizenship U.S.

Residence Brentwood, CA

Post Office Address 1225 Brookdale Drive, Brentwood, CA 94513

Stephen B. Lamson

Inventor's signature Stephen B. Lamson

Date 2/16/01

Country of Citizenship U.S.

Residence Pleasanton, CA

Post Office Address 432 Matthew Court, Pleasanton, CA 94566

William F. Leek

Inventor's signature _____

Date _____

Country of Citizenship U.S.

Residence Carmel, CA

Post Office Address 2995 Ribera Road, Carmel, CA 93923

Gregory S. Powell

Inventor's signature _____

Date _____

Country of Citizenship U.S.

Residence Paso Robles, CA

Post Office Address 2385 Larkfield Place, Paso Robles, CA 93446

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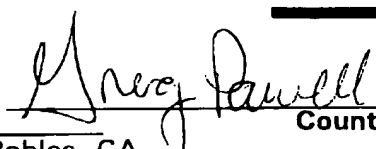
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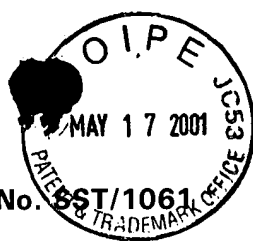
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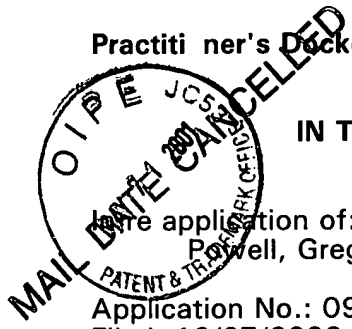
(Declaration and Power of Attorney--page 3 of 3)



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Practitioner's Docket No. **EST/1061**

PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re application of: Georges, William D.; Lamson, Stephen B.; Leek, William F.; and Powell, Gregory S.

Application No.: 09/698,382
Filed: 10/27/2000
For: STRAP TIE HOLDER

Group No.: 3632
Examiner:

**Box Missing Part
Commissioner for Patents
Washington, D.C. 20231**

**STATEMENT BY PRACTITIONER THAT APPLICATION FILED IN PTO
IS THE ONE INVENTOR EXECUTED BY SIGNING DECLARATION**

I,

Charles R. Cypher
Law Offices of James R. Cypher
405 14th Street, Suite 1607
Oakland, CA 94612-2777
Reg. No. 41694
Tel. No. 1-510-832-4111

state I am the registered practitioner for this application and the application identified above is the application that the inventor(s) executed by signing the declaration that is being submitted herewith.


SIGNATURE OF PRACTITIONER

Customer No.: 498

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. section 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☐ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

☐ transmitted by facsimile to the Patent and Trademark Office.

Date: _____

Signature

(type or print name of person certifying)

POWER OF ATTORNEY

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